STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335429	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood at North Creek	112 Ski Bowl Road North Creek, NY 12853

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21414 Based on observation and interviews conducted during the recertification survey, the facility did not provide effective housekeeping and maintenance services on 2 of 2 resident units (A and B wings) and the building exterior. Specifically, floors, walls, ceilings, sinks, and building exterior were not clean and/or maintained. This is evidenced by: During observations on 9/16/2024 at 1:50 PM, the following areas on the A-Wing unit were soiled or in disrepair: Door jams casings were chipped. Walls were cracked at the baseboards. The wall was cracked in the corridor below the window air-conditioner. Air vents were dirty and grimy. Ceiling tiles were not in place, and the suspended ceiling metal grid was or discolored or damaged. The corridors floors were dirty, grimy, and sticky. During observations on 9/17/2024 at 2:15 PM, the exterior facia of the building was in disrepair as follows: One 36-inch by 30-inch section of stucco was falling off and one 15-inch by 12-inch section was missing on the exterior of the garage. One 3-foot by 1-foot section of stucco was missing and several areas were peeling on the exterior of the employee dining room. One 3-foot section of stucco was peeling on the exterior of the Rotunda. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Six small areas of stucco were chipped off. The stucco exterior was soiled with dirt drip marks. The roof overhang around the A-wing was peeling or heavily soiled with dirt. Paint was peeling under three resident rooms on the exterior of the A-Wing. During observations on 9/20/2024 at 9:21 AM, the following areas on the B-Wing unit were soiled or in disrepair: Sporadically, all resident room walls were soiled with scrape marks or grime. Walls were peeling and/or had gouges behind the beds in room #s 201, 206, 209, 211, 220, and 221. The heater register was soiled with scrape marks in room [ROOM NUMBER]. The bathroom door frame scraped in room [ROOM NUMBER]. Walls were chipped around the closet in room #s 205 and 215. Ceiling tiles were not in place in room #s 201 and 207. Sections of the lower half of the corridor walls throughout the unit were soiled with scrape marks, had peeling wallpaper, and/or were chipped. The corridor floor, library floor, physical therapy room floor, and the floor in room [ROOM NUMBER] were soiled with ground-in dirt. The kitchenette sink was not working (labeled Out of Order). During an interview on 9/20/2024 at 10:02 AM, Administrator #1 stated that the facility would have the walls and floors on the A-Wing and B-Wing and the building exterior cleaned, repaired, and/or repainted; new cleaning and painting schedules for the building interior would be developed; and the kitchenette sink would be repaired. 10 New York Codes, Rules, and Regulations 415.5(h)(4)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48413 Based on observations, record review, and interviews conducted during the recertification survey, the facility did not ensure that each resident received the necessary respiratory care and services that were in accordance with professional standards of practice, for 3 (Resident #'s 28, 34, and 59) of 3 residents reviewed for oxygen administration. Specifically, (a.) for Residents #s 28, 34, and 59, their supplemental oxygen tubing were not dated and labeled to reflect when the tubing were changed. (b.) Resident #28's portable oxygen tank was empty. This is evidenced by: A review of the facility's policy and procedure (P&P) titled Oxygen Therapy, Concentrator, last revised on 3/26/2018, documented that oxygen would be administered by licensed nurses with a physician's order. As part of the procedure nursing staff would label and date the tubing and all tubing would be changed at least weekly (7 days), or more often if soiling with secretions occurs. A review of the facility's policy and procedure (P&P) titled Oxygen Therapy, Oxygen Cylinder, last revised on 6/27/2023, documented that oxygen would be administered via an open oxygen cylinder by licensed nurses with a physician's order. As part of the procedure nursing staff will label and date the tubing and all tubing would be changed at least weekly (7 days), or more often if soiling with secretions occurs. Oxygen flow rates, tubing connections, and the amount of oxygen remaining in the cylinder should be checked every shift and as needed. Resident #28 was admitted to the facility with diagnoses of hypertensive disease with heart failure, chronic diastolic heart failure (an impairment in the heart's ability to fill with and pump blood), and chronic respiratory failure with hypoxia (when there is not enough oxygen in the body's tissues). The Minimum Data Set, dated dated dated [DATE], documented the resident could be understood and understand others with no impaired cognition. During an observation on 9/17/2024 at 3:09 PM, Resident #28 was on oxygen at 3 liters per minute via a nasal cannula. The nasal cannula tubing was not labeled or dated to reflect when it was last changed. During an observation on 9/18/2024 2:47 PM, Resident #28's oxygen tubing had no label on the tubing when it was changed. During an observation on 9/19/2024 at 10:10 AM, Resident #28 was observed in the hallway in their wheelchair. The resident did not have their oxygen nasal cannula tubing in their nose and was wrapped around the oxygen cylinder which also was not labeled or dated when it was changed. An observation of the resident's portable oxygen bottle noted that the amount remaining was less than 500 pounds per square inch, which required changing. The resident stated that they had had shortness of breath the night prior and were still having some shortness of breath that day. A review of Resident #28 Treatment Administration Record for September 2024 had no documentation that the resident's oxygen tubing was to be changed weekly. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #34 was admitted to the facility with diagnoses of hypertensive heart and chronic kidney disease with heart failure, acute and chronic heart failure (an impairment in the heart's ability to fill with and pump blood), and type 2 diabetes with chronic kidney. The Minimum Data Set (an assessment tool) dated 6/22/2024, documented the resident could be understood and understand others with no impaired cognition. During an observation on 9/17/2024 at 11:34 AM, Resident #34 was on oxygen at 2 liters per minute via a nasal cannula. The nasal cannula tubing was not labeled or dated when it was last changed. During an observation on 9/18/2024 at 2:57 PM, Resident #34's oxygen tubing had no label on the tubing when it was last changed. During an observation on 9/19/2024 at 10:04 AM, Resident #34's oxygen tubing had no label on the tubing when it was changed. A review of Resident #34 Treatment Administration Record for September 2024 had no documentation that the resident's oxygen tubing was to be changed weekly. Resident #59 was admitted to the facility with diagnoses of chronic respiratory failure with hypoxia (when there is not enough oxygen in the body's tissues), chronic obstructive pulmonary disease, and dependence on supplemental oxygen. The Minimum Data Set, dated dated dated [DATE], documented the resident could be understood and understand others with no impaired cognition. During an observation on 9/17/2024 at 12:28 PM, Resident #59 was on oxygen at 3 liters per minute via a nasal cannula. The nasal cannula tubing was not labeled or dated when it was last changed. During an observation on 9/18/2024 2:43 PM, Resident #59's oxygen tubing had no label of when it was changed. During an observation on 9/19/2024 10:07 AM, Resident #59's oxygen tubing had no label on the tubing when it was changed. A review of Resident #59's Treatment Administration Record for September 2024 documented that the resident's oxygen tubing was to be changed weekly every Sunday night. The last documented change for the resident's oxygen tubing was on 9/01/2024. During an interview on 9/19/2024 at 11:40 AM, Certified Nurse Aide #4 stated they did nothing with the oxygen tubing or supplies. They stated that the nurses usually handle the oxygen for residents. The nursing staff changed the tubing on the weekend and at night, sets the flow rate for the resident's oxygen, and checked the portable oxygen cylinder reserve amount. They stated that if the resident was on portable oxygen they would either move the resident to the nursing station or have a nurse come to the resident's room to verify that the portable cylinder had enough oxygen and did not require changing. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/19/2024 at 1:00 PM, Licensed Practical Nurse #4 stated the oxygen tubing should be changed weekly and labeled. They stated that the oxygen tubing for residents would be changed on Sundays. They stated the portable oxygen cylinders should be monitored regularly and changed when needed. Licensed Practical Nurse #4 mentioned that it was reported to them that the oxygen tubing for the residents were changed as scheduled during their report on Monday 9/16/2024. They stated that the nursing staff would document in the resident's electronic records that the change was completed. In mentioning Resident #38 oxygen cylinder almost empty and complaint of shortness of breath, Licensed Practical Nurse #4 stated that it was an issue and would address it immediately. They stated that they were the only nurse for the unit that day as the scheduled nurse left early. During an interview on 9/20/2024 at 11:48 AM, Director of Nursing #1 and Assistant Director of Nursing #1 stated the nursing staff administered the oxygen per the order from the physician. They stated that Certified Nurse Aides were not allowed to touch or do anything with the oxygen for residents. They stated that oxygen administration was a medication that was prescribed by the physician and should be monitored regularly by the nursing staff. Portable cylinders should be looked at regularly and changed as needed. They stated that the tanks should be checked for proper levels anytime the resident left their room on portable oxygen. They stated that if the portable cylinder was low it should be changed by the licensed nursing staff. They stated oxygen tubing was changed weekly and scheduled on the overnight shift to be completed by the licensed nursing staff. They stated when the tubing was changed the individual performing the task should label and date when the tubing was changed. Assistant Director of Nursing #1 stated they have created new labels for the staff for this task to standardize labeling for oxygen tubing. 10 New York Code of Rules and Regulations 415.12(k)(6)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33538 Based on observation, record review, and interviews conducted during a recertification survey, the facility did not ensure drugs and biologicals were labeled and stored in accordance with professional standards of practice. Specifically, opened insulin had no open and/or expiration dates written on them. This was evident for 2 of 2 medication carts reviewed on Units A and B in the facility for medication storage. This is evidenced by: The facility's Policy and Procedure, titled Medication Label and Container Requirements, last modified [DATE] did not address labeling multi-use medications with expiration dates. During a medication cart review on Unit A with Licensed Practical Nurse #2 on [DATE] 10:53 AM, the following were observed: Resident #14's Insulin Lispro Solution had a sticker for date opened and date expired with nothing written on it. Resident #14's Lantus SoloStar Pen-injector had a sticker for date opened and date expired with nothing written on it. Resident #21's Lantus SoloStar Pen-injector had a sticker for date opened and date expired with an open date ,d+[DATE] and no expiration date written on it. Resident #32's Lantus SoloStar Pen-injector had a sticker for date opened and date expired with an open date ,d+[DATE] and no expiration date written on it. During a medication cart review on Unit A with Licensed Practical Nurse #1 on [DATE] 9:56 AM, the following were observed: Resident #24's Levemir FlexTouch Pen-injector had a sticker for date opened and date expired with nothing written on it. Resident #24's Humalog Injection Solution Pen had a sticker for date opened and date expired with nothing written on it. Resident #24's Insulin Lispro vial had a sticker for date opened and date expired with a date of expiration not legible. Resident #13's Insulin Lispro had a sticker for date opened and date expired with an open date ,d+[DATE] and no expiration date written on it. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the above medication orders, it was found that the Physician's Orders for Resident #13's Insulin Lispro was discontinued on [DATE] and Resident #24's insulin Lispro was discontinued on [DATE]. During an interview on [DATE] at 11:21 AM, Licensed Practical Nurse #2, stated both the date opened, and date expired, 28 days after opening, should be put on the sticker when a new pen or vial was opened. Licensed Practical Nurse #2 stated the medications that were not dated would have to be discarded as there was no way to know if they had expired. During an interview on [DATE] at 9:56 AM, Licensed Practical Nurse #1 stated all multiuse insulin should be dated when opened. When asked when they would discard the Insulin Lispro for Resident #13 that was documented as opened on ,d+[DATE], Licensed Practical Nurse #1 looked at the manufacturers label and stated it says [DATE]. When asked what the date was that was written on Resident #24's Insulin Lispro they stated, I think it says 2025. During an interview on [DATE] at 12:42 PM, Licensed Practical Nurse #1 stated the night shift nurse was supposed to check the cart and get rid of expired/discontinued medications and signed off on the sheet. Licensed Practical Nurse #1 provided the last documented review sheet dated [DATE]. Licensed Practical Nurse #1 stated they noticed some of the medications that they looked at this morning were discontinued and had removed them from the cart. During an interview on [DATE] at 10:05 AM, Director of Nursing #1 stated the nurses should be writing on the label when the insulin were opened, when asked if the section on the label for expiration should be filled in the Director of Nursing stated, that is not done consistently, but it is standard practice to discard after 28 days and the nurses know that. During a subsequent interview on [DATE] at 12:58 PM, Director of Nursing #1 stated the night shift nurse was supposed to check the cart and sign the sheet daily. They stated they were not aware this had not been done since [DATE] on A Unit or that medications that were discontinued in January and June of 2024 were still in the cart this morning. Director of Nursing #1 stated there was no system in place to ensure this was done, but there would be. 10 New York Codes, Rules, and Regulations 415.18(d)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 21414 Based on observation and staff interview during the recertification survey, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the main kitchen. Specifically, equipment and floors were not clean, and equipment and walls were not in good repair. This is evidenced by: During observations in the main kitchen on 9/16/2024 at 11:14 AM, the following areas were soiled with food particles or a black build-up: The 3 upright freezers were soiled with food particles. Two drawers in the preparation area were soiled with food particles. The preparation area floor was soiled with a black build-up. The kitchen floor in corners, next to walls, and behind cooking equipment was soiled with food particles and a black build-up. The handwashing sink faucet and 3-bay sink faucet were leaking. The handle on the rightmost upright chest freezer was loose. Three wall tiles under the knife rack were broken. During an interview on 9/18/2024 at 10:43 AM, Administrator #1 stated the maintenance workers would be asked to repair the freezer door handle and the broken wall tiles, and the freezers, drawers, and floor would be cleaned and placed on a cleaning schedule. 10 New York Codes, Rules, and Regulations 415.14(h) Chapter 1 State Sanitary Code Subpart 14

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 21414 Based on observation and interviews during the recertification survey, the facility did not dispose of garbage and refuse properly for 3 of 3 dumpsters. Specifically, dumpsters were not kept closed, and the dumpster area was not clean. This is evidenced by: During observations on 9/16/2024 at 1:02 PM, the top cover to one garbage dumper was open with refuse inside, the side door to a second dumpster was open with refuse inside, and refuse was on the ground in front of the third dumpster. During an interview on 9/18/2024 at 10:46 AM, Administrator #1 stated the facility staff would be re-educated on keeping the dumpsters closed and to always place the garbage inside. 10 New York Codes, Rules, and Regulations 415.14(h)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33538 Based on observations and staff interviews during the recertification survey, the facility did not ensure infection prevention control practices were followed to help prevent the spread, development, and transmission of communicable diseases and infections. Specifically, the staff did not use appropriate personal protective equipment when entering and exiting the rooms of COVID-19 positive residents and residents on Contact/Droplet Precautions. This was evident for 2 (Unit A and Unit B) of 2 resident units observed. This is evidenced by: The facility policy titled, Preventing the Spread of COVID-19 Through Infection Prevention and Control Measures, last modified on 12/29/2023 documented, Health Care Personnel who enters the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to transmission-based precautions and use a NIOSH-approved fit tested particulate respirator with N95 filters or higher, gown, gloves, and eye protection. The Center for Disease Control's Infection Control Guidance: SARS-CoV-2 dated JUNE 24, 2024, documented, This guidance applies to all United States settings where healthcare was delivered, including nursing homes and home health. The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency. Health Care Personnel who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection. During an observation on 9/17/2024 at 10:50 AM, Certified Nurse Aide #3 was observed entering a resident's room [ROOM NUMBER] on Unit A identified by signage on the door as Transmission/Contact/Droplet Precautions without wearing personal protective equipment other than a surgical mask that they had on prior to the observation. Certified Nursing Aide #3 exited the room at 11:05 AM carrying soiled linen bag with a gloved hand. During an interview on 9/17/2024 at 11:07 AM, Certified Nurse Aide #3 stated they should have had precautions on prior to going into the room. When asked what the sign on the door meant they stated that anytime resident was cared for they should have personal protective equipment on. They stated that when they went into the room, they noticed resident was already up and in bathroom and they did not think to come back out and put the personal protective equipment on and they should have. During an observation on 9/19/2024 at 10:45 AM, Certified Nurse Aide #4 exited a resident room on Unit A, removed gloves, and proceeded to enter and exit a locked utility room, pushing the buttons to enter an unlock code, then returning to the resident room. Certified Nursing Aide #4 did not use hand sanitizer or wash their hands during the observation. During an Interview on 9/19/2024 at 10:50 AM, Certified Nurse Aide #4 stated that they were supposed to use hand sanitizer after wearing gloves and coming out of resident rooms. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/19/2024 at 1:00 PM, Licensed Practical Nurse/Unit Manager #3 stated staff put on personal protective equipment outside of door. Staff should use personal protective equipment when providing care to residents regardless of if they were going to be in contact. After care, they should remove all personal protective equipment and place it in the appropriate containers within the resident room. Staff should wear N95 mask to bring resident's meal tray in room if resident was COVID positive. During an observation on 9/19/2024 at 8:40 AM, Certified Nurse Aide #1 was observed entering and exiting resident room [ROOM NUMBER] on Unit B identified by signage on the door as a Red Zone Contact/Droplet Precautions, wearing only a surgical mask for personal protective equipment. During an interview on 9/19/2024 at 8:40 AM, Certified Nurse Aide #1 stated one of the residents in the room was COVID positive, however the staff were told they did not have to wear personal protective equipment other than the surgical mask when entering the COVID positive resident's room to care for roommate. They must remain 6 feet away from COVID resident. During an observation on 9/19/2024 at 12:15 PM, Certified Nurse Aide #2 was observed delivering meal trays to resident rooms on Unit B wearing only a surgical mask for personal protective equipment. Certified Nursing Aide #2 entered and exited room [ROOM NUMBER], identified by signage on the door as a Red Zone Contact/Droplet Precautions, without additional personal protective equipment, using hand sanitizer, or washing hands prior to entering another resident room. During an interview on 9/19/2024 at 12:18 PM, Certified Nurse Aid #2 stated they did not have to put on additional personal protective equipment if they were just delivering trays and not touching the residents. Certified Nursing Aide #2 stated they put the tray on the overbed table in front of the resident but did not touch the resident so did not need to change gloves or wash hands. During an interview on 9/20/2024 at11:42 AM, Assistant Director of Nursing/Infection Control Nurse #1 stated a yellow tag on door means contact precautions. When taking care of resident staff need to wear gloves, gown, and mask. Hands should be washed hands before entering and exiting the room. New York Code of Rules and Regulation 415.19(a)(1-3) 48413